OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAICN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE



PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.") SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Candidate Name: (See the Schedule of Reporting Dates to complete this section) Douna Ikeda tst & Mininus Shrinbary Amended 2nd Preliminary Primary Short Form OCT 26 P1:41 (c) Mailing Address: Final Primary tendelo, th REPORTING PERIOD (d) Phone (Bus) (Res) Final Election Period 9/24/06 through 10/23/06 Treasurer's Supplemental SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) **COLUMN A** COLUMN B **ELECTION PERIOD TOTAL THIS PERIOD** TOTAL TO DATE Cash on Hand at the Beginning of the Election Period 19.141.27 2. Cash on Hand at the Beginning of this Reporting Period..... 16,168,63 Total Receipts (From Line 15)..... 3. 160.00 100.00 Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column Bl...... 16,268,63 855.95 5. Total Disbursements (not including Unpaid Expenditures) (From Line 19)..... Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4).... 15,412,68 15,412 68 Total Loans at the Closing of this Reporting Period..... Ĩ, Total Unpaid Expenditures at the Closing of this Reporting Period..... 9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)..... 10. Surplus/Deficit (Subtract Line 9 from Line 6)..... I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge, Candidate Signature

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or lass. Short form reporting requires completion of only Section II, Section III, and Section III of this Disclosure Report.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS (If Necessary, Complete Schedules A through E Before Completing This Section)

COLUMN A

COLUMN B

RECEIPTS	TOTAL THIS PERIOD	ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	100.00	150.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100			11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(ii) and 11(a)(iii))	180.00	100.00	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(6)
(i) Monetary and Non-Monetary Contributions of \$100 or Less			11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100			14 (b) (ii)
(iii) Subtotal (Add Lines 11(b)(ii) and 11(b)(iii))	con J no	~ 6	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)	100.00	100.00	12
13. Public Funds and Other Receipts			13
14. Loans			14
15. Total Receipts (Add Lines 12 through 14)	100.00	100.00	15
DISBURSEMENTS			
16. Expenditures	855.95	3,828.59	16
17. Loans Repaid or Forgiven			17
18. Unpaid Expenditures Paid or Forgiven			18
19. Subtotal Disbursements (Add Lines 16 through 18)	855.95	3,828,59	19
20. Unpaid Expenditures			?0
21. Total Disbursements (Add Lines 19 and 20)	855.95	3,828.59	**************************************

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	CHECK ONLY ONE BOX USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW	-
	INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES	Contract of the last of the la
-	CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY	

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

	AND CANDIDATE COMMITTEE NAME: Donna lkod, Is of Donna lkeda	PAGE		OF	
DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT CONTRIBUTION FAIR MARKET	N OR VALUE	
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STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AN	ID CANDIDATE COMMITTEE NAME: Donna /keda	PAGE (OF		
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DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	
	NON-MONETARY CONTRIBUTION	Advertions	855.75	
10/20/06	Bank card Center	Honololo Advartison	0	
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2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)				